

Lifeline Application

Application for Lifeline

- Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in de-enrollment, fines and prosecution.
- Only one Lifeline benefit is available per household.
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses.
- A household may not receive Lifeline benefits from multiple providers.
- If a household receives more than one Lifeline benefit, it will be de-enrolled from the program.
- The Lifeline benefit may not be transferred to any other person.

Qualifying Methods

You may qualify for Lifeline either because you participate in one of the programs below or because your income is within the following guidelines. **NOTE: You may receive Social Security and Medicare benefits, but to qualify for Lifeline, you must receive benefits from one of the following programs or your income must fall within the guidelines.**

Program Eligibility

- Supplemental Nutrition Assistance Program (SNAP)
- Federal Public Housing/Section 8
- Medicaid
- Supplemental Security Income (SSI)
- National School Lunch (NSL) free lunch program
- Low Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance for Needy Families (TANF)

Income Eligibility

Annual Income 135% Thresholds Based on Household Size								
1	2	3	4	5	6	7	8	For each add'l person
\$15,512	\$20,939	\$26,366	\$31,793	\$37,220	\$42,647	\$48,074	\$53,501	+ \$5,427/person

(Note: You will need to provide 3 of your most recent paystubs from the previous 12 months, Social Security Benefit Letter or W-2.)

Lifeline Application

Subscriber's Full Name: _____

Subscriber's Full Residential Street Address: _____

City: _____ State: _____ Zip Code: _____

Is the above address temporary? Yes _____ No _____

Subscriber's billing address if different from above: _____

City: _____ State: _____ Zip Code: _____

Subscriber's Date of Birth: _____ Subscriber's last four digits of SSN: _____

Subscriber's Home Telephone: _____

Name of Phone Company: _____

Please choose 1 OR 2.

1. I certify that I or someone in my household participates in at least one of the following programs (check all that apply).

<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)
<input type="checkbox"/> National School Lunch – Free Lunch Program	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> Federal Public Housing/Section 8	

2. I certify that my total household income falls within the guidelines listed on Page 1 and I also certify that this is how many people live in my household **(required)**: Adult(s) ____ Child(ren) ____.
I am providing the following qualifying documents for review:

<input type="checkbox"/> Prior year's state or federal tax return	<input type="checkbox"/> Retirement / pension statement of benefits
<input type="checkbox"/> Current income statement from an employer	<input type="checkbox"/> Unemployment/Workmen's Compensation statement of benefits
<input type="checkbox"/> 3 Paycheck stubs for previous 12 months	<input type="checkbox"/> Federal notice letter of participation in General Assistance
<input type="checkbox"/> Social Security statement of benefits	<input type="checkbox"/> Veterans Administration Statement of Benefits
<input type="checkbox"/> Child Support document	<input type="checkbox"/> Other official document containing income information
<input type="checkbox"/> Divorce decree	

I certify, under penalty of perjury, that:

1. My household meets the income-based or program-based eligibility criteria for receiving Lifeline, shown above. If my annual income exceeds 135% of the Federal Poverty Guidelines, I will notify the company on page 1.
2. I will notify the company on page 1 within 30 days if for any reason I no longer qualify to receive Lifeline.
3. I will notify the company on page 1 within 30 days if I move to a new address or I will verify every 90 days that the temporary address is still current.
4. My household is not receiving any other Lifeline benefit and will not apply for an additional one from another wireline or wireless carrier.
5. The information contained in this application/certification form is true and correct.
6. Giving fraudulent information is punishable by law.
7. I acknowledge that I may be required to re-certify my continued eligibility for Lifeline and that my failure to re-certify will result in de-enrollment.

I hereby authorize the company above to release my information contained in this Lifeline Application required for the administration of the Lifeline program to the FCC or its designee, including the Universal Service Administrative Company, and to any state and federal agency, as required by law.

Subscriber's Signature _____

Date: _____

For company use only:

Type of document for program eligibility: _____
or

Type of document for income eligibility: _____

Person receiving benefit if other than applicant: _____

Last four of SSN of person receiving benefit if other than applicant: _____

Date of Birth of person receiving benefit if other than applicant: _____

Company Representative Initials: _____